

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212537254

1.) CORPORATION NAME:

DUE DATE: **9/30/2012****First National Bank**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1483405****SPILMAN THOMAS & BATTLE, PLLC****310 FIRST STREET, SW, SUITE 1100****P.O. BOX 90 (ATTN. HUGH B. WELLONS)**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 250,000    |

**ROANOKE, VA 24002-90**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**US**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 CEDAR ST

CITY/ST/ZIP: RONCEVERTE, WV 24970

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MATTHEW L BURNS  
 TITLE: CEO/PRES  
 ADDRESS: 1 CEDAR ST  
 CITY/ST/ZIP/CO: RONCEVERTE, WV 24970

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OFFICER

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DIRECTOR

NAME: MARY F THOMPSON  
 TITLE: OPS/IT EXEC  
 ADDRESS: 1 CEDAR STREET  
 CITY/ST/ZIP/CO: PO BOX 457  
 RONCEVERTE, WV 24970

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OFFICER

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DIRECTOR

NAME: JEFFREY A VICKERS  
 TITLE: DIR OF LENDING  
 ADDRESS: ONE CEDAR ST  
 CITY/ST/ZIP/CO: RONCEVERTE, WV 24970

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OFFICER

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DIRECTOR

NAME: CATHY L JUSTICE  
 TITLE: DIRECTOR  
 ADDRESS: 208 DWYER LANE  
 CITY/ST/ZIP/CO: LEWISBURG, WV 24901

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OFFICER

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DIRECTOR

NAME: Crystal Homer  
 TITLE: Human Res Exec  
 ADDRESS: One Cedar Street  
 CITY/ST/ZIP/CO: PO Box 457  
 Ronceverte, WV 24970

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OFFICER

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DIRECTOR

NAME: Adam L Erskine  
 TITLE: CFO  
 ADDRESS: One Cedar Street  
 CITY/ST/ZIP/CO: PO Box 457  
 Ronceverte, WV 24970

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OFFICER

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DIRECTOR

|                                                                                                                                                                       |                                    |                                             |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|----------------------------------------------|
| NAME:                                                                                                                                                                 | Kathy L King                       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:                                                                                                                                                                | Dir. Audit/Com                     |                                             |                                              |
| ADDRESS:                                                                                                                                                              | One Cedar Street                   |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | PO Box 457<br>Ronceverte, WV 24970 |                                             |                                              |
| NAME:                                                                                                                                                                 | Selina D Cahill                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:                                                                                                                                                                | Marketing/PR Ex                    |                                             |                                              |
| ADDRESS:                                                                                                                                                              | One Cedar Street                   |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | PO Box 457<br>Ronceverte, WV 24970 |                                             |                                              |
| NAME:                                                                                                                                                                 | William J Groves II                | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:                                                                                                                                                                | Credit Exec                        |                                             |                                              |
| ADDRESS:                                                                                                                                                              | One Cedar Street                   |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | PO Box 457<br>Ronceverte, WV 24970 |                                             |                                              |
| NAME:                                                                                                                                                                 | Ronald B Snyder                    | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | CHAIRMAN                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | PO Box 128                         |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Lewisburg, WV 24901                |                                             |                                              |
| NAME:                                                                                                                                                                 | Michael G Campbell                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | PO Box 67                          |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Renick, WV 24966                   |                                             |                                              |
| NAME:                                                                                                                                                                 | D. Allen Carson                    | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | PO Box 787                         |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Lewisburg, WV 24901                |                                             |                                              |
| NAME:                                                                                                                                                                 | William R Satterfield Jr.          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | 31 Francis Way Underwood Estates   |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Lewisburg, WV 24901                |                                             |                                              |
| NAME:                                                                                                                                                                 | Kevin Workman                      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | 111 Davis Stuart Road              |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Ronceverte, WV 24970               |                                             |                                              |
| NAME:                                                                                                                                                                 | Aaron Ambler                       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | 113 N. Jefferson St.               |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Lewisburg , WV 24901               |                                             |                                              |
| NAME:                                                                                                                                                                 | Deborah Lesley                     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:                                                                                                                                                                | DIRECTOR                           |                                             |                                              |
| ADDRESS:                                                                                                                                                              | 7502 Salem Road                    |                                             |                                              |
| CITY/ST/ZIP/CO:                                                                                                                                                       | Falls Church , VA 22043            |                                             |                                              |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. |                                    |                                             |                                              |
| /s/ MATTHEW L BURNS                                                                                                                                                   | MATTHEW L BURNS, CEO/PRES          | 9/27/2012                                   |                                              |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT                                                                                                                   | PRINTED NAME AND CORPORATE TITLE   | DATE                                        |                                              |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.